



# Activity Registration



HOUSEHOLD LAST NAME

HOUSEHOLD FIRST NAME

MAILING ADDRESS

CITY

ZIP

PHONE: HOME ( )

WORK ( )

EMERGENCY ( )

VISA

MC

Email address: \_\_\_\_\_

CASH

CHECK

CHECK # : \_\_\_\_\_

REC'D BY: \_\_\_\_\_

## PARTICIPANT INFORMATION

Player First Name	Last Name	DOB	gender	Activity Name	Activity #	Fee
		/ /	M F			
		/ /	M F			
		/ /	M F			
		/ /	M F			

### PARTICIPANT RELEASE

TOTAL FEE: \_\_\_\_\_

I, the below signed as an adult (or the parent of), do hereby release the City of Delta, its agents or employees, from liability for any injuries or damages which may result to myself (my child) as a result of the participation of myself (my child) in the City of Delta Recreation Program. Further, the applicant agrees to save and hold harmless the City of Delta, its officers, agents, or employees, for any damages or personal injury which may result from activities

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Revised 01/05



## 2016 YOUTH BASKETBALL

## SKILLS & DRILLS

Check <input checked="" type="checkbox"/>	Grade	Day	Class Time	Class Code	Fee
	K	Sat. mornings 1/7/17-2/11/17	TBD	301301-T5	\$30
	1st	Sat. mornings 1/7/17-2/11/17	TBD	301301-T5	\$30
	2nd	Sat. mornings 1/7/17-2/11/17	TBD	301301-T5	\$30
	Sponsor	Business Name _____ Shirt Color _____	Contact _____ Phone # _____	301306-P	\$150

Please circle one

T-Shirt Size: YS YM YL AS AM AL AXL

# Registration Deadline is December 4